

MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding (MOU) is entered into between the Ohio University (the Employer) and Fraternal Order of Police, Ohio Labor Council, Inc. (the Union) for the purpose modifying Article 15 (Wages) and Appendix B (Wage Scale) of the Collective Bargaining Agreement (CBA) covering the term July 1, 2011-June 30, 2014.

Whereas the parties have agreed that a one percent (1%) increase in base wages shall be granted to the employees covered by the above-referenced contract; and

Whereas the parties have agreed to memorialize that agreement **the parties agree:**

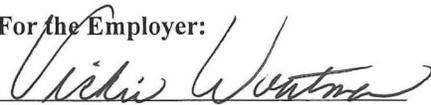
1. That a one percent (1%) wage increase (as reflected below) will be provided to all FOP/OLC members who were hired into the bargaining unit covered by the CBA prior to November 3, 2013;
2. That for those eligible to receive it, said base wage increase shall be paid retroactive to July 1, 2013 or the date of hire, whichever is later;
3. That all other articles, sections or appendices in this CBA shall remain in full force and effect for the balance of the contract term unless modified by mutual agreement;
4. That the agreement memorialized in this MOU does not create a precedent between the parties.

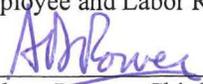
APPENDIX B - Revised  
OUPD WAGE SCALE

FOP FY14 Pay Structure revised	Step 1	Step 2	Step 3	Step 4	Step 5
Police Officer 3	22.24	23.57	24.99	26.49	28.08
Police Officer 2	22.02	23.34	24.75	26.23	27.81
Police Officer 1	21.81	23.11	24.50	25.97	27.52
Police Cadet	18.53				

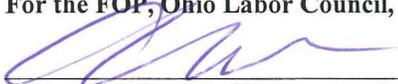
Date 10-30-13

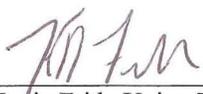
For the Employer:

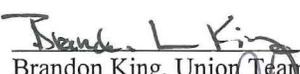
  
Vickie Wortman, Manager  
Employee and Labor Relations

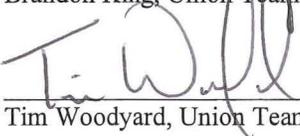
  
Andrew Powers, Chief  
Ohio University Police Department

For the FOP, Ohio Labor Council, Inc.:

  
Andrea H. Johan, Staff Representative

  
Kevin Frith, Union Team Member

  
Brandon King, Union Team Member

  
Tim Woodyard, Union Team Member

**Contract Data Summary Sheet**

Employer Name: Ohio University Police Department County: Athens, Ohio

BU: SA Union: FOP Local: OLC

Start Date: 7/1/11 End Date: 6/30/14 → additional wages result of a "me-too"

WAGE:

Aft. Dif.: \$ \_\_\_\_ / \_\_\_\_ %  
Eve. Dif.: \$ \_\_\_\_ / \_\_\_\_ %  
Rank Dif. (Y) \_\_\_\_  
Haz. Pay: \_\_\_\_ / \_\_\_\_ %  
Ret. Pick-up: \_\_\_\_ %  
COLA: (Y) \_\_\_\_  
Ed. Incent: (Y) \_\_\_\_  
Furlough: (Y) \_\_\_\_  
Ret. Incentive: (Y) \_\_\_\_  
Field Trip Rate: \$ \_\_\_\_  
EMT Pay: \_\_\_\_  
Type: \_\_\_\_  
Paramedic Pay: \_\_\_\_  
Type: \_\_\_\_

PAGE:

LONGEVITY:

(Years) (Amt.) (%) (Type)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PAGE:

INSURANCE (cont.):

PAGE:

Out-of-Pocket Max: \$ \_\_\_\_ \$ \_\_\_\_  
Cover Buy-Out: \$ \_\_\_\_ \$ \_\_\_\_  
Traditional (Y): \_\_\_\_  
Managed Care (Y): \_\_\_\_  
Type (Y): \_\_\_\_  
HMO \_\_\_\_  
PPO \_\_\_\_  
Self-Funded \_\_\_\_  
Partial Self-Funded \_\_\_\_  
Consortium \_\_\_\_

PAID LEAVE

Holidays: \_\_\_\_  
Personal Days: \_\_\_\_  
Birthday: (Y) \_\_\_\_  
Injury Leave: \_\_\_\_ / \_\_\_\_  
Assault Leave: \_\_\_\_ / \_\_\_\_  
Union Leave (Y) \_\_\_\_  
Holiday Pay: \_\_\_\_  
Fatal Force: (Y) \_\_\_\_

Liability (Y): \_\_\_\_  
Section 125: (Y) \_\_\_\_ Type: \_\_\_\_  
Enrollment Fee: \$ \_\_\_\_  
Other: (Y) \_\_\_\_  
Prescriptions: (Y) \_\_\_\_  
Brand Name (Formulary) \$ \_\_\_\_  
Generic: \$ \_\_\_\_

ALLOWANCES:

Uniform(P/V): \_\_\_\_  
Amt: \_\_\_\_  
Cleaning: (P) \_\_\_\_  
Amt: \_\_\_\_  
Tools: (Y) \_\_\_\_  
Amt: \_\_\_\_  
Shoes: \$ \_\_\_\_  
Mileage: (IRS Rate) \_\_\_\_  
Other: \_\_\_\_  
Firearm Prof.: \_\_\_\_  
Freq: \_\_\_\_  
Parking: (Y) \_\_\_\_  
Tuition: (Y) \_\_\_\_

SICK & BEREAVEMENT LEAVE

Sick Days/Year: \_\_\_\_  
Max Sick: \_\_\_\_ / \_\_\_\_  
Attendance Bonus: (Y) \_\_\_\_  
Bank/Donated Time: (Y) \_\_\_\_  
Bereavement Leave:  
Sick: \_\_\_\_  
Funeral: \_\_\_\_  
Other: (Y) \_\_\_\_

Dental: (Y) \_\_\_\_  
Optical: (Y) \_\_\_\_  
Life Ins. Amt.: \$ \_\_\_\_  
Life Ins. Salary %: \_\_\_\_  
Accidental D&D: (Y) \_\_\_\_  
Health & Welfare: (Y) \_\_\_\_  
Cap Coverage Formula: (Y) \_\_\_\_  
Health Care Committee: (Y) \_\_\_\_  
Coordination of Benefits: (Y) \_\_\_\_  
Major Medical: (Y) \_\_\_\_  
Comprehensive Major Medical: (Y) \_\_\_\_

VACATION:

\_\_\_\_ Years \_\_\_\_ Days  
Hol/Vac Combo: \_\_\_\_

INSURANCE\*

Single Family  
Employer Amt: \$ \_\_\_\_ \$ \_\_\_\_  
Employee Amt: \$ \_\_\_\_ \$ \_\_\_\_  
Employer %: \_\_\_\_  
Employee %: \_\_\_\_  
Employer Cap (Y): \_\_\_\_  
Employee Cap (Y): \_\_\_\_  
Ann. Deductible: \$ \_\_\_\_ \$ \_\_\_\_  
Co-Payment %: \_\_\_\_

\* Please use another INSURANCE form if there are changes to insurance in each contract year.

**HOURS OF WORK**

**PAGE:** \_\_\_\_\_

Comp Time Max: \_\_\_\_\_ Hrs \_\_\_\_\_  
Flex Time: (Y) \_\_\_\_\_  
Call In: (Y) \_\_\_\_\_ Hrs \_\_\_\_\_  
Court: (Y) \_\_\_\_\_ Hrs \_\_\_\_\_  
Stand By: (Y) \_\_\_\_\_  
Report In: (Y) \_\_\_\_\_ Hrs \_\_\_\_\_  
Meal Time: \_\_\_\_\_ Min \_\_\_\_\_  
Rest Break: \_\_\_\_\_ / \_\_\_\_\_ Min \_\_\_\_\_  
Overtime Cycle: \_\_\_\_\_ / \_\_\_\_\_

**SENIORITY AND ARBITRATION**

Prob. Period: \_\_\_\_\_  
Shift: (Y) \_\_\_\_\_  
Recall Years: \_\_\_\_\_  
Super Seniority (Y) \_\_\_\_\_  
Arb: (Y) \_\_\_\_\_  
Type: \_\_\_\_\_  
Cost (E/L/O): \_\_\_\_\_  
Mediation Step:(Y) \_\_\_\_\_

**OTHER**

Fairshare: (Y) \_\_\_\_\_  
Residency: (Y) \_\_\_\_\_  
Drug Test: (Y) \_\_\_\_\_  
Fitness Std.: (Y) \_\_\_\_\_  
Sub-Contract: (Y) \_\_\_\_\_  
Min Staff: (Y) \_\_\_\_\_  
Successor/Priv.: (Y) \_\_\_\_\_  
MAD: (Y) \_\_\_\_\_

**WAGE INCREASE ACROSS BOARD**

**PAGE** MOU

Date of Increase 7/1/13

Percent 1 %

Hourly \$ \_\_\_\_\_

Annual \$ \_\_\_\_\_

Lump Sum \$ \_\_\_\_\_

Comments \_\_\_\_\_

Date of Increase \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Percent \_\_\_\_\_ %

Hourly \$ \_\_\_\_\_

Annual \$ \_\_\_\_\_

Lump Sum \$ \_\_\_\_\_

Comments \_\_\_\_\_

Date of Increase \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Percent \_\_\_\_\_ %

Hourly \$ \_\_\_\_\_

Annual \$ \_\_\_\_\_

Lump Sum \$ \_\_\_\_\_

Comments \_\_\_\_\_

Date of Increase \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Percent \_\_\_\_\_ %

Hourly \$ \_\_\_\_\_

Annual \$ \_\_\_\_\_

Lump Sum \$ \_\_\_\_\_

Comments \_\_\_\_\_

**BENCHMARKS**

**PAGE:** \_\_\_\_\_

Job Title Cadet officer

Date 7/1/13      /   /      /   /      /   /

Work Week: 5

Hrs/Day: 8

Entry \$ 18.53      \$ \_\_\_\_\_      \$ \_\_\_\_\_      \$ \_\_\_\_\_

Days/Yr: \_\_\_\_\_

Top \$ 18.53      \$ \_\_\_\_\_      \$ \_\_\_\_\_      \$ \_\_\_\_\_

# Steps: \_\_\_\_\_

Step Yrs: \_\_\_\_\_

Job Title Police officer 1

Date 7/1/13      /   /      /   /      /   /

Work Week: 5

Hrs/Day: 8

Entry \$ 21.81      \$ \_\_\_\_\_      \$ \_\_\_\_\_      \$ \_\_\_\_\_

Days/Yr: \_\_\_\_\_

Top \$ 27.52      \$ \_\_\_\_\_      \$ \_\_\_\_\_      \$ \_\_\_\_\_

# Steps: \_\_\_\_\_

Step Yrs: \_\_\_\_\_

Job Title Police officer 2

Date 7/1/13      /   /      /   /      /   /

Work Week: 5

Hrs/Day: 8

Entry \$ 22.02      \$ \_\_\_\_\_      \$ \_\_\_\_\_      \$ \_\_\_\_\_

Days/Yr: \_\_\_\_\_

Top \$ 27.81      \$ \_\_\_\_\_      \$ \_\_\_\_\_      \$ \_\_\_\_\_

# Steps: \_\_\_\_\_

Step Yrs: \_\_\_\_\_

Job Title Police officer 3

Date 7/1/13      /   /      /   /      /   /

Work Week: 5

Hrs/Day: 8

Entry \$ 22.24      \$ \_\_\_\_\_      \$ \_\_\_\_\_      \$ \_\_\_\_\_

Days/Yr: \_\_\_\_\_

Top \$ 28.08      \$ \_\_\_\_\_      \$ \_\_\_\_\_      \$ \_\_\_\_\_

# Steps: \_\_\_\_\_

Step Yrs: \_\_\_\_\_

Job Title \_\_\_\_\_

Date / /      / /      / /      / /

Work Week: \_\_\_\_\_

Hrs/Day: \_\_\_\_\_

Entry \$ \_\_\_\_\_      \$ \_\_\_\_\_      \$ \_\_\_\_\_      \$ \_\_\_\_\_

Days/Yr: \_\_\_\_\_

Top \$ \_\_\_\_\_      \$ \_\_\_\_\_      \$ \_\_\_\_\_      \$ \_\_\_\_\_

# Steps: \_\_\_\_\_

Step Yrs: \_\_\_\_\_

STATE EMPLOYMENT RELATIONS BOARD

IN THE MATTER OF:

Fraternal Order of Police,  
Ohio Labor Council, Inc. ,  
EMPLOYEE ORGANIZATION,

and,

Ohio University,  
EMPLOYER.

}  
} Case No(s): 11-MED-02-0161  
} Patrol Officers  
}  
}  
}  
}  
}  
}

FILING OF MEMORANDUM OF UNDERSTANDING AS AN ADDENDUM TO  
THE COLLECTIVE BARGAINING AGREEMENT

Pursuant to Board Rule 4117-09-07, the F.O.P. Ohio Labor Council Inc. hereby files a copy of the Addendum to the Collective Bargaining Agreement executed between the parties in the above captioned case(s).

Respectfully Submitted,



Tonya M. Sapp  
F.O.P., O.L.C.I.  
222 East Town Street  
Columbus, Ohio 43215  
614-224-5700

cc: Andrew Powers, [powersa@ohio.edu](mailto:powersa@ohio.edu)  
Vickie Wortman, [wortmanv@ohio.edu](mailto:wortmanv@ohio.edu)